

Student Profile Sheet

Name _____ Age _____ Grade _____

Sex _____ Date of Test _____ Examiner _____

Initial Testing _____ Post-Testing _____

Word Identification

Grade									
Level/% Automatic									
Level/% Total									

Oral Reading

Passage Name									
Readability Level									
Passage Type Narrative/Expository									
Concepts Familiar/Unfamiliar: %									
Level/% Total Accuracy									
Level/% Total Acceptability									
Retelling % Number of Ideas									
# Explicit Correct									
# Explicit Correct w/Look-Backs									
# Implicit Correct									
# Implicit Correct w/Look-Backs									
Level/% Comprehension									
Level/% Comprehension w/Look-Backs									
Rate WPM/CWPM									
Total Passage Level									

Silent Reading

Passage Name/Section									
Readability Level									
Passage Type Narrative/Expository									
Concepts Familiar/Unfamiliar %									
Retelling % Number of Ideas									
# Correct Explicit									
# Correct Explicit w/Look-Backs									
# Correct Implicit									
# Correct Implicit w/Look-Backs									
Level/% Comprehension									
Level/% Comprehension w/Look-Backs									
Rate: WPM									